Fill in this information to identify your case:						
Debtor 1	Craig Jonathan Kay					
Debtor 2 (Spouse, if filing)						
United States E	United States Bankruptcy Court for the: District of Maryland					
Case number (if known)	18-15347					

Check as directed in lines 17 and 21: According to the calculations required by this Statement: O 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3). In 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3). O 3. The commitment period is 3 years.

A. The commitment period is 5 years.O Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income

- What is your marital and filing status? Check one only.
 - O Not married. Fill out Column A, lines 2-11.
 - Married. Fill out both Columns A and B. lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

spouses own the same rental property, put the income from that	t property in one column only. If you l	nave nothing to report for	any line, write \$0 in	the sp
		Column A Debtor 1	Column B Debtor 2 or non-filing spou	ıse
Your gross wages, salary, tips, bonuses, overtime payroll deductions).	e, and commissions (before all	\$	\$\$	48
 Alimony and maintenance payments. Do not include Column B is filled in. 	le payments from a spouse if	\$	\$0.	00
4. All amounts from any source which are regularly pof you or your dependents, including child support from an unmarried partner, members of your househout and roommates. Do not include payments from a sport you listed on line 3.	rt. Include regular contributions old, your dependents, parents,	\$0.00	\$0.	.00
5. Net income from operating a business, profession, or farm	Debtor 1			
Gross receipts (before all deductions) \$	1,500.00			
Ordinary and necessary operating expenses -\$	0.00			
Net monthly income from a business, profession, or farm \$	1,500.00 Copy	\$	\$0.	00
6. Net income from rental and other real property	Debtor 1			
Gross receipts (before all deductions)	\$0.00_			
Ordinary and necessary operating expenses	-\$ <u>0.00</u>			
Net monthly income from rental or other real property	\$0.00 Copy here ->	\$	\$0.	00

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

Debtor 1	Craig Jonathan Kay			Case num	ber (if known)	18-1534	7
				Column	4	Column E	3
				Debtor 1		Debtor 2	
				Φ.	E 200 00	non-filing	
7. In t	terest, dividends, and royalties				5,200.00	-	0.00
8. U r	nemployment compensation			\$	0.00	\$	0.00
	o not enter the amount if you conter e Social Security Act. Instead, list it	d that the amount received was a behere:	enefit under				
	For you	\$	0.00				
	For your spouse	\$	0.00				
	ension or retirement income. Do renefit under the Social Security Act.	ot include any amount received that	t was a	\$	0.00	\$	0.00
		isted above. Specify the source and					
		under the Social Security Act or payl crime against humanity, or internation					
do	mestic terrorism. If necessary, list of	ther sources on a separate page an					
tot	al below.			Φ.		Φ.	
				\$	0.00	\$	0.00
				\$	0.00	\$	0.00
	Total amounts from separate	pages, if any.	+	\$	0.00	\$	0.00
		ly income. Add lines 2 through 10 fe	or 💂	6 700 00	+ s	0.007.40	- 45 707 40
ea	ch column. Then add the total for C	olumn A to the total for Column B.	\$	6,700.00	- 	9,067.48	= \$ 15,767.48
							Total average
	-						monthly income
Part 2:	Determine How to Measure	our Deductions from Income					
12. C c	opy your total average monthly in	come from line 11.					\$ 15,767.48
13. C a	lculate the marital adjustment. C	heck one:					
0	You are not married. Fill in 0 belo	ow.					
0	You are married and your spous	e is filing with you. Fill in 0 below.					
n	You are married and your spous	e is not filing with you.					
		isted in line 11, Column B, that was the spouse's tax liability or the spou					
		uding this income and the amount of	fincome de	voted to ea	ch purpose	. If necessar	ry, list additional
	adjustments on a separate page						
	If this adjustment does not apply	, enter 0 below.	Φ.				
			\$				
			—				
			T V				
	Total		\$	0	.00 Co	py here=>	0.00
14 Y	our current monthly income. Su	htract line 13 from line 12					\$ 15,767.48
14. 1	our current monthly income. Su	ottact line 13 nom line 12.					
15. C	Calculate your current monthly in	come for the year. Follow these ste	eps:				
1	5a. Copy line 14 here=>						\$ <u>15,767.48</u>
	Multiply line 15a by 12 (the nu	mber of months in a year).					x 12
1	5b. The result is your current mon	thly income for the year for this part	of the form.				\$ 189,209.76

Debtor 1

Debt	or 1	Cra	ig Jonathan Kay		Case number (if known)	18-15347	
16	6. Calo	culate	the median family income that applies to	you. Follow these ste	ps:		
	16a	. Fill ir	n the state in which you live.	MD			
	16h	Fill is	n the number of people in your household.	4			
			the median family income for your state and			s 118,294.00	
	100		nd a list of applicable median income amount		link specified in the separate	\$	
4-			uctions for this form. This list may also be ava	ilable at the bankrupt	cy clerk's office.		
17	. но v 17a		he lines compare? Line 15b is less than or equal to line 16c.	On the ten of page 1 c	of this form shock box 1. Diana	aabla inaama ia not datarminad una	or
	17 a		11 U.S.C. § 1325(b)(3). Go to Part 3. Do I				Ħ
	17b	. r	Line 15b is more than line 16c. On the top 1325(b)(3). Go to Part 3 and fill out Calc your current monthly income from line 14 and 15 a	ulation of Your Disp	•		
Par	t 3:	Ca	Iculate Your Commitment Period Under 11	U.S.C. § 1325(b)(4)			
18.	Cop	у уо	ur total average monthly income from line	1		\$ 15,767.48	<u>}</u>
19.	conf	tend t	ne marital adjustment if it applies. If you are that calculating the commitment period under income, copy the amount from line 13.	e married, your spous 11 U.S.C. § 1325(b)(4	e is not filing with you, and you allows you to deduct part of yo	our	
	19a	. If the	e marital adjustment does not apply, fill in 0 or	line 19a.		-\$0.00)
							1
	19b	. Sub	tract line 19a from line 18.			\$15,767.48	
20.	Cal	culate	your current monthly income for the year	Follow these steps:			
	20a	. Cop	y line 19b			\$15,767.48	
		Mult	iply by 12 (the number of months in a year).			x 12	
							7
	20b	. The	result is your current monthly income for the y	ear for this part of the	form	\$ 189,209.76	
							_
	20c	Cop	y the median family income for your state and	size of household fro	m line 16c	\$118,294.00	
	04	II.	do the lines command				╛
	21.	пом	do the lines compare?				
		0	Line 20b is less than line 20c. Unless otherw period is 3 years. Go to Part 4.	se ordered by the cou	urt, on the top of page 1 of this f	form, check box 3, <i>The commitmen</i>	
		n	Line 20b is more than or equal to line 20c. U commitment period is 5 years. Go to Part 4.	nless otherwise order	ed by the court, on the top of pa	age 1 of this form, check box 4, The	
Par	t 4:	Si	gn Below				
	By s	signin	g here, under penalty of perjury I declare that	the information on this	s statement and in any attachm	ents is true and correct.	
)	(/s/	Crai	g Jonathan Kay				
	Cr	aig J	onathan Kay				
	•	•	e of Debtor 1 y 18, 2018				
	Dan		1/DD /YYYY				
	If yo	u che	cked 17a, do NOT fill out or file Form 122C-2				
	If yo	u che	cked 17b, fill out Form 122C-2 and file it with	this form. On line 39 of	of that form, copy your current n	monthly income from line 14 above.	

Debtor 1

Fill in this information to identify your case:							
Debtor 1	Craig Jonathan Kay						
Debtor 2 (Spouse, if filing	Debtor 2 (Spouse, if filing)						
United States Bankruptcy Court for the: District of Maryland							
Case number (if known)	18-15347						

O Check if this is an amended filing

Official Form 122C-2

Chapter 13 Calculation of Your Disposable Income

04/16

To fill out this form, you will need your completed copy of Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period (Official Form 122C-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form, Include the line number to which additional information applies. On the top any additional pages, write your name and case number (if known).

Part 1:

Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not include any operating expenses that you subtracted from income in lines 5 and 6 of Form 122C–1, and do not deduct any amounts that you subtracted from your spouse's income in line 13 of Form 122C–1.

If your expenses differ from month to month, enter the average expense.

Note: Line numbers 1-4 are not used in this form. These numbers apply to information required by a similar form used in chapter 7 cases.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

4

National Standards

You must use the IRS National Standards to answer the questions in lines 6-7.

6. **Food, clothing, and other items:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

\$ 1,650.00

7. Out-of-pocket health care allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health car costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

Official Form 22C-2

Debtor 1		Craig Jonathan Kay				Case number ((if known)	<u> 18-1534</u>	17		
Peop	ole v	vho are under 65 years of age									
	7a.	Out-of-pocket health care allowance per person	\$	49	_						
	7b.	Number of people who are under 65	X	4	-						
	7c.	Subtotal. Multiply line 7a by line 7b.	\$_	196.00	-	Copy here	=> \$	196.0	00_		
Peop	ole v	who are 65 years of age or older									
	7d.	Out-of-pocket health care allowance per person	\$	117							
	7e.	Number of people who are 65 or older	Х	0							
	7f.	Subtotal. Multiply line 7d by line 7e.	\$_	0.00		Copy here	=> \$	0.0	00		
	7g.	Total. Add line 7c and line 7f			\$	196.00		Copy total he	ere=>	\$1	96.00
Loca	ıl Sta	andards You must use the IRS Local Standards to) ansv	wer the auesti	ons in lin	es 8-15.			L		
		n information from the IRS, the U.S. Trustee Prog		•			ard for	housing for			
		tcy purposes into two parts:									
		ing and utilities - Insurance and operating expens	ses								
		ing and utilities - Mortgage or rent expenses er the questions in lines 8-9, use the U.S. Trustee	Dro.	aram chart T	o find th	o chart go	onlino	using the li	nk end	cified in	tho
sepa 8.	rate Hou	instructions for this form. This chart may also be using and utilities - Insurance and operating expense dollar amount listed for your county for insurance a	e ava	ilable at the l : Using the nu	bankrupt Imber of I	cy clerk's o	ffice.	J	\$ \$.cinica in	692.00
		using and utilities - Mortgage or rent expenses:									
	9a.	Using the number of people you entered in line 5, fi listed for your county for mortgage or rent expenses		ne dollar amou	unt		\$	2,458.0	00		
	9b.	Total average monthly payment for all mortgages a To calculate the total average monthly payment, ad contractually due to each secured creditor in the 60 for bankruptcy. Next divide by 60.	ld all a	amounts that	are	our home.					
		Name of the creditor		Average mo payment	nthly						
		-NONE-		\$							
		9b. Total average monthly paymen	t	\$	0.00	Copy here=>	-\$ _	0	$\Lambda\Lambda$	epeat this	s amount a.
	9c.	Net mortgage or rent expense.	l								
		Subtract line 9b (total average monthly payment) fro or rent expense). If this number is less than \$0, enter			ge	\$	2,4	58.00 Co		\$	2,458.00
		ou claim that the U.S. Trustee Program's division cts the calculation of your monthly expenses, fill					g is inc	correct and	Ş	§	0.00

Explain why:

btor 1	Craig Jonathan Kay		Case number (if known)	18-15347	
11.	Local transportation expenses: Check the number of vehic	cles for which you claim	an ownership or ope	erating expense.	
	O 0. Go to line 14.				
	O 1. Go to line 12.				
	O 2 or more. Go to line 12.				
12.	Vehicle operation expense: Using the IRS Local Standards operating expenses, fill in the <i>Operating Costs</i> that apply for the standard of th				0.00
13.	Vehicle ownership or lease expense: Using the IRS Local You may not claim the expense if you do not make any loan of more than two vehicles.				
Vel	Describe Vehicle 1:				
13a.	Ownership or leasing costs using IRS Local Standard		\$0	.00	
13b.	Average monthly payment for all debts secured by Vehicle 1.				
	Do not include costs for leased vehicles.				
	To calculate the average monthly payment here and on line 1 are contractually due to each secured creditor in the 60 mont bankruptcy. Then divide by 60.		at		
	Name of each creditor for Vehicle 1	Average monthly payment			
		\$			
	Total Average Monthly Payment	\$	Copy here => -\$	0.00 Repeat this amount on line 33b.	
13c.	Net Vehicle 1 ownership or lease expense Subtract line 13b from line 13a. if this number is less than \$0,	, enter \$0		Copy net Vehicle 1 expense here >> \$	0.00
Vel	nicle 2 Describe Vehicle 2:				
13d.	Ownership or leasing costs using IRS Local Standard		\$ 0	.00	
13e.	Average monthly payment for all debts secured by Vehicle 2. leased vehicles.	. Do not include costs fo	r		
	Name of each creditor for Vehicle 2	Average monthly payment			
		\$			
	Total average monthly payment	\$	Copy here => -\$	Repeat this amount on line 33c.	
]		
13f.	Net Vehicle 2 ownership or lease expense			Copy net Vehicle 2	
	Subtract line 13e from line 13d. if this number is less than \$0.	, enter \$0		.00 expense here => \$	0.00
14.	Public transportation expense: If you claimed 0 vehicles Public Transportation expense allowance regardless of v			, fill in the	0.00
15.	Additional public transportation expense: If you claimed 1 also deduct a public transportation expense, you may fill in w not claim more than the IRS Local Standard for <i>Public Transp</i>	I or more vehicles in line that you believe is the ap	e 11 and if you claim		0.00

Debtor 1

Craig Jonathan Kay 18-15347 Debtor 1 Case number (if known) In addition to the expense deductions listed above, you are allowed your monthly expenses for Other Necessary Expenses the following IRS categories. 16. Taxes: The total monthly amount that you will actually pay for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. 2.023.04 Do not include real estate, sales, or use taxes. 17. Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs. 0.00 Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. 18. Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form 0.00 of life insurance other than term. 19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. 0.00 Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. 20. Education: The total monthly amount that you pay for education that is either required: **n** as a condition for your job, or 0.00 **n** for your physically or mentally challenged dependent child if no public education is available for similar services. 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. 0.00 Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. 0.00 Payments for health insurance or health savings accounts should be listed only in line 25. 23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment 0.00 expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted. 7,019.04 24. Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23. Additional Expense Deductions These are additional deductions allowed by the Means Test. Note: Do not include any expense allowances listed in lines 6-24. 25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. Health insurance 889.24 Disability insurance 0.00 Health savings account 0.00 Total 889.24 Copy total here=> 889.24 Do you actually spend this total amount? 0 No. How much do you actually spend? 26. Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may 0.00 include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b)

27. **Protection against family violence.** The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.

0.00

By law, the court must keep the nature of these expenses confidential.

ebtor 1	Craig Jonathan Kay	Case number (if kr	nown)	18-1	5347			
	Additional home energy costs. Your hom line 8.	ne energy costs are included in your insurance and opera	ating 6	expense	s on			
	If you believe that you have home energy of 8, then fill in the excess amount of home er	costs that are more than the home energy costs included nergy costs	in ex	penses	on line			
	You must give your case trustee document amount claimed is reasonable and necessary	ation of your actual expenses, and you must show that thary.	ne ad	ditional		,	\$	0.00
	Education expenses for dependent child \$160.42* per child) that you pay for your depublic elementary or secondary school.	Iren who are younger than 18. The monthly expenses (expendent children who are younger than 18 years old to a	(not n	nore tha I a priva	in ite or			
	You must give your case trustee document claimed is reasonable and necessary and r	ation of your actual expenses, and you must explain why not already accounted for in lines 6-23.	the a	amount				
	* Subject to adjustment on 4/01/19, and eve	ery 3 years after that for cases begun on or after the date	of a	djustme	nt.	,	\$	0.00
		he monthly amount by which your actual food and clothing allowances in the IRS National Standards. That amount is in the IRS National Standards.						
		ional allowance, go online using the link specified in the so be available at the bankruptcy clerk's office.	separ	ate				
	You must show that the additional amount	claimed is reasonable and necessary.				,	\$	0.00
	Continuing charitable contributions. The instruments to a religious or charitable organizations.	e amount that you will continue to contribute in the form o anization. 11 U.S.C. § 548(d)(3) and (4).	f casl	n or fina	incial			
	Do not include any amount more than 15%	of your gross monthly income.				,	.	0.00
	Add all of the additional expense deduct Add lines 25 through 31.	tions.				\$		889.24
Ded	uctions for Debt Payment							
le	pans, and other secured debt, fill in lines	in property that you own, including home mortgages 33a through 33e. ent, add all amounts that are contractually due to each so						
	reditor in the 60 months after you file for ba							
	Mortgages on your home						erage n yment	nonthly
33a.	Copy line 9b here				=>	\$	ymone	0.00
	Loans on your first two vehicles					-		
33b.	0 " 10" 1				=>	\$		0.00
33c.	Canadina 42a hana				=>	\$		0.00
						Ψ-		0.00
33d. Nam	List other secured debts: e of each creditor for other secured debt	Identify property that secures the debt	inclu	s paym ude taxe isurance	es			
			0	No				
	-NONE-		0	Yes		\$		
						Ψ_		
			0	No				
			0	Yes		\$_		
			0	No				
			0	Yes	+	\$_		
					Сору			
33e	Total average monthly payment. Add lines	s 33a through 33d \$	(0.00	total here=	,	\$	0.00
	- ,, ,					-		

Debtor 1	_	Crai	g Jonathan Kay			Cas	e number (if known)	18-1534	7	
			debts that you listed in I property necessary for y				,			
1	n	No.	Go to line 35.							
•	0	Yes.		ou must pay to a creditor, i possession of your proper I in the information below.						
Nan	ne d	of the	creditor	Identify property that s	ecures the de	ebt	Total cure amoun	it	Monthly o	cure
-NO	ON	IE-				\$		÷ 60 =	\$	
								Cop	ру	
						Total	\$0	.00 tota	al e=> \$	0.00
25 5					. 9 . 1					
			owe any priority claims - due as of the filing date				ıat			
	n	No.	Go to line 36.							
			Fill in the total amount of	all of these priority claims	. Do not inclu	ude current or				
			0 0,	uch as those you listed in	line 19.		_			
			Total amount of all past	-due priority claims			\$0	.00 ÷	60 \$	0.00
36. F	Pro	jecte	d monthly Chapter 13 pl	an payment			\$			
			nultiplier for your district a the United States Courts (
t	he	Exec	utive Office for United Sta	es Trustees (for all other of	districts).		X			
			ist of district multipliers that in nstructions for this form. This							
,	۸							Copy here=		
F	ave	erage	monthly administrative ex	pense			\$	nere=	- φ	
									•	0.00
37.			of the deductions for de es 33e through 36.	bt payment.					\$	0.00
Tota			tions from Income							
38. /	٩dc	d all d	of the allowed deduction	s.						
			ne 24, All of the expenses e allowances	allowed under IRS	\$	7,019.04	ŀ			
	Co	py lir	ne 32, All of the additional	expense deductions	\$	889.24				
	Со	py lir	ne 37, All of the deductions	s for debt payment	+\$	0.00	_)			
							_			
	Τo	otal de	eductions		\$	7,908.28	Copy total he	re=>	\$	7,908.28

Debtor 1 <u>Cra</u>	ig Jonathar	n Kay		Ca	ase numl	oer (<i>if known</i>)	18-153	47
Part 2: De	etermine You	r Disposable Income Under 11 U	.S.C. § 1325(b)(2)				
		ent monthly income from line 14 current Monthly Income and Calc			1.		\$_	15,767.48
childrer disability received	 The monthly payments for d in accordance 	y necessary income you receive y average of any child support pay r a dependent child, reported in Pa se with applicable nonbankruptcy la nded for such child.	ments, foster c art I of Form 12	are payments, or 2C-1, that you	\$		0.00	
employe in 11 U.S	er withheld fro	tirement deductions. The monthl m wages as contributions for qualit 7) plus all required repayments of § 362(b)(19).	ied retirement	plans, as specifie	d \$		0.00	
42. Total of	all deduction	ns allowed under 11 U.S.C. § 707	(b)(2)(A). Cop	y line 38 here	=> \$	7,9	08.28	
expense their exp	es and you have benses. You m	al circumstances. If special circum ve no reasonable alternative, desc nust give your case trustee a detail cumentation for the expenses.	ribe the specia	l circumstances a	ind			
Describe th	ne special circ	cumstances		Amount of exp	ense			
				\$				
				\$				
				\$				
					Co	•••		
			Total \$_	0.00		e=>\$ 	C	0.00
							Сору	,
44. Total ad	djustments. A	add lines 40 through 43.		=>	\$	7,908.28	. ''	=> -\$ 7,908.28
	-	hly disposable income under § 1	1325(b)(2). Sub	otract line 44 from	line 39	Э.	5	7,859.20
have ch time you you filed	anged or are vare valued anged or are will be for a second or grant of the second or are with the second or are was a second or are with the second or are was a second or a second or are was a second or a second or are was a second or a secon	r expenses. If the income in Form virtually certain to change after the open, fill in the information below. check 122C-1 in the first column, n when the increase occurred, and	date you filed For example, i enter line 2 in	your bankruptcy p f the wages repor the second colum	etition ted inc n, expl	and during t reased after	he	
Form	Line	Reason for change		Date of chang	je	Increase or decrease?	Am	ount of change
O 122C-1						O Increase		
O 122C-2				_		O Decrease	\$	
O 122C-1 O 122C-2						O Increase O Decrease	\$	
O 122C-2						O Increase	Ψ.	
O 122C-2						O Decrease	\$	
O 122C-1						O Increase		
O 122C-2				_		O Decrease	\$	

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Debtor 1	Craig Jonathan Kay		Case number (if known)	18-15347
Part 4:	Sign Below			
rail 4.	Sigil Below			
I	By signing here, under penalty of perjury you	declare that the information on this s	tatement and in any att	achments is true and correct.
X	/s/ Craig Jonathan Kay			
	Craig Jonathan Kay			
	Signature of Debtor 1			
	Signature of Debtor 1			
Date	May 18, 2018			
	MM / DD / YYYY			
	, 22 ,			

Expense

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 10/01/2017 to 03/31/2018.

Line 5 - Income from operation of a business, profession, or farm

Source of Income: ReMax Success Income/Expense/Net by Month:

	Date	Income
6 Months Ago:	10/2017	\$1,500.00
5 Months Ago:	11/2017	\$1,500.00
4 Months Ago:	12/2017	\$1,500.00
3 Months Ago:	01/2018	\$1,500.00
2 Months Ago:	02/2018	\$1,500.00
Last Month:	03/2018	\$1,500.00
_	Average per month:	\$1,500.00

\$1,500.00
\$1,500.00
\$1,500.00
\$1,500.00
\$1,500.00
\$1,500.00
\$1,500.00

Net

Line 7 - Interest, dividends, and royalties

Source of Income: 1000 Jefferson and Georgetown Jefferson

Income by Month:

6 Months Ago:	10/2017	\$5,200.00
5 Months Ago:	11/2017	\$5,200.00
4 Months Ago:	12/2017	\$5,200.00
3 Months Ago:	01/2018	\$5,200.00
2 Months Ago:	02/2018	\$5,200.00
Last Month:	03/2018	\$5,200.00
	Average per month:	\$5,200.00

Debtor 1 Craig Jonathan Kay Case number (if known) 18-15347

Current Monthly Income Details for the Debtor's Spouse

Spouse Income Details:

Income for the Period 10/01/2017 to 03/31/2018.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions Source of Income: Employer: Hirshorn-Zuckerman Design Gro Constant income of \$9,067.48 per month.*

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Debtor 1 Craig Jonathan Kay Case number (if known) 18-15347

*Paycheck Details:

Hirshorn-Zuckerman Design Group, Inc.

Date Salary X13	Earnings 4,184.99	Overtime 0.00	Taxes 933.71	Other 410.42	Net Check 2,840.86
Totals:	4,184.99	0.00	933.71	410.42	2,840.86